

THE TIMES THEY ARE A'CHANGIN':
ADOLESCENTS LEFT ALONE!
Adolescence, Health and Ethnicity:
Cross-Cultural Lessons from Anthropology

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ABSTRACT

This article presents preliminary overviews from anthropology for developing adolescent health care in post-modern multicultural situations. I have tried to link the adolescent's life with the interests of practitioners, researchers and policymakers. Mental instabilities are inherent to adolescence. Mind (cognition, psyche), body (soma) and soul (spirituality, religious needs) are considered indivisible in adolescent health care. Diffusion (mutual influencing of cultural patterns) and ethnicity (the human form) are expected to dominate future adolescent health care, so intercultural models and programs are priorities. Wanting to be different, "to differentiate from each other" is a human condition. Adolescents are pronounced examples of this condition. Diffusion has accelerated so much this century that "changing times" should be the main target in adolescent health care issues. What could be core issues in the next decades of health care? Six statements are formulated from clinical experience and from literature to serve as basic components for discussions. We live in an era in which parents, teachers, tutors, mentors and medical/mental practitioners *have to learn, more than before, from adolescents* to develop their caring, curing and health education. More and more adolescents are left alone in their transition to adulthood. A need to be initiated into adulthood has been detected in psychiatrically hospitalized male adolescents. Can health care help adolescents through their transition by ritualizing existing and new preventive and curing health programs? This effort towards a more integrative perspective upon mental health is based upon seven years of

clinical research among psychiatrically hospitalized drafted soldiers in the Netherlands¹.

THE UNITY OF THE ADOLESCENT'S LIFE

What does adolescent health care look like from the boy's and girl's own life? Health for an adolescent is part of her/his whole existence, part of her/his total experience. If (s)he feels well, it's O.K.; if (s)he feels bad, which quite often be the case, (s)he does not connect this with (somatic and mental) health. Adolescents are just feeling bad.

For most adolescent health professionals the two following statements seem like "kicking into an open door", but when (psychiatric) medical diagnostic systems and institutions are involved, they still constitute the cross-cultural "basics" of adolescent care.

- (i) Every human being has mental instabilities once in a while. Adolescents are in a transitional period in which loosening up their fixed patterns of behavior and opinions (which means: disruption of their personality) is inevitable in order to enter adulthood. Most adolescents go through this period without major problems, but as *psycho-somatic-spiritual instabilities are inherent to adolescence*, a number of them have difficulties in accomplishing the transition into adulthood.
- (ii) Whereas the regularities of this disruption are very different for boys and girls, they need each other (*and elder trustworthy people*) to make the transition.

One of the secrets I learned from the adolescents I guided was nothing more than keeping on remembering my own emotional adolescent state over and over again. This remembering is very difficult because adolescence implies feeling much more than rational-cultural reflection. Feeling insecure over long periods of time and being in doubt about almost everything is the core feature of adolescence as seen from health care. This, however, cannot be expressed rationally and verbally because adolescents are so deeply involved, so subjective in their experiences. Mental reflection on what is happening to them is even more difficult than it is for most adults.

J.D. Salinger's *Catcher in the Rye* (1951) 'caught' this personal state of "feeling out of place" of (male) adolescents (from the elitist culture of the

United States) magnificently in his prose. This feeling of being out of place is the germ for new, future-fitting ideas and behavior. This "life age bound near-psychosis", which is adolescence, is what permeates the movies: *Rebel Without a Cause*, *The Graduate* and *West Side Story*. And the title of a pop song encapsulates the whole message: *The Times, They Are A'Changin'*.

THE TIMES, THEY ARE A'CHANGIN'

More than thirty years ago, in 1963, a 22-year-old white American adolescent named Robert Zimmerman sang a song called *The Times, They Are A'Changin'*. The song has four verses, and I want you to listen to the last two of them:

"Come senators, congressmen, please heed the call.

Don't stand in the doorway, don't block up the hall.

For he that gets hurt will be he who has stalled.

There is a battle outside and it's ragin'

It'll soon shake your windows and rattle your walls

For the times they are a'changin'.

Come mothers and fathers, throughout the land

And don't criticize what you can't understand.

Your sons and your daughters

Are beyond your command

Your old road is rapidly agin'

Please get out of the new one if you can't lend a hand

For the times they are a'changin'.²

Robert Zimmerman was labelled a "loner" by his peers at college and during his few years at university, which he left to become a folk singer. As you may already have guessed, this Robert Zimmerman is the original name of Bob Dylan. His father, Abraham, is probably of German Jewish, that is, Yiddish-Ashkenazi, background. If we take the hundreds of Dylan's songs as a mythology of a United States Ashkenazi immigrant offspring, then it contains all the paradoxes, all the dilemmas, all the prophecies, all the promises of a new era in which the USA, for better or for worse, plays a leading part.³ Robert Zimmerman, as the child of a disappointed and

culturally deeply astray generation, is, after 30 years, still the voice of many young (and older) people today.

Dylan is important too for adolescent health reflection because he is one of the first representatives and a role model of the adolescent generation that speaks for itself on a *global level*.⁴ Until then the elders would speak for them. This is unprecedented in human history – a young man who speaks out, in the adult world, so strongly and clearly for the agenda of the future generation. His message is of a culture critic and is culturally self-reflective.⁵

For adolescents, more than for any other age group, their feelings form a unity. They have a hell of a time getting the outer world, their family, their school, politics, world news, in line with their united feelings. That's why they so often feel "out of place". That's why they so often feel at ease only with their peers. And that's why Dylan's (or any other adolescent musical hero's) "transitional music and lyrics" bring relief and redemption, and in that sense contain ritualized initiatory components.

THE INDIVISIBLE UNITY: MIND-BODY-SOUL

The indivisible interdependence of the psychic, somatic and spiritual components of adolescent health has been a goal in adolescent health for a long time.⁶ Many practitioners work from this pragmatic model and through the high speed of multiculturalization of most Western societies, this threefold unity of mind-body-soul is in fact confirmed by the presence of migrants and refugees with their foreign patterns and ideas. Many of these cultures (African, Asian, Middle and South American) have a more self-evident and more integrated sense of mind-body-soul with which they confront our more fragmented Western medical and psychiatric health care view and experience of mind-body-soul. The problems for future adolescent health care are, from this view, not only related to the changing adolescent her/himself but also to the reductionistic (fragmented) perspectives of adolescent health care theory, research and policy.⁷

QUANTIFYING AND QUALIFYING DEMOGRAPHIC CHANGES

The last five decades have shown an amalgam of adolescent health policies and perspectives from national governments, from UNESCO and from the WHO.⁸

Which of these policies and perspectives have proven to be consistent and future-directed for our daily dealings with adolescents?

If we try to quantify the population of adolescents on a global level, an impressive picture emerges. In 1988 Braungart and Braungart tried to summarize some figures and connections.⁹ They claim on the basis of their quantitative material that "integrating youth into society takes on an increasing sense of urgency in view of the rapidly growing numbers of young people around the world today". Youth is taken as an age category varying from 14-25, 15-25, 17-25 and even 18-30 depending on the attitudes of any particular culture.

- 1) In 1990 more than a half of the populations in non-Western, less developed nations were under 25 years of age. For the number of adolescents between 15 and 24 the estimation for these countries is about 1,000 million!¹⁰
- 2) In 1975 "the world's population comprised 738 million adolescents (ages 15-24), which by the year 2000 is projected to increase by 60% to 1181 million adolescents. Five percent of this increase is predicted for developed nations; 80% increase is projected for (non-Western) less developed nations. In Africa, Asia and Latin America this age group will be doubled in 25 years. In 1988 about 75% of the world's population was under 30! Braungart and Braungart present a table with a differentiation after age groups of the population of 123 countries. The group between 15-29 years in Sweden represents the lowest figure, with 34% of the population. The highest figure is represented by Liberia, where the group between 15-29 numbers 82%.
All European countries are on a level of about 50% of 15-29 year-olds. In all other countries the young between 15-29 is more than 50%. If we take the group below 15 years into account these percentages take great heights. The Braungarts ask themselves and their readers:
"How well are nations prepared to take such large cohorts of adolescents into the adult world and into their health care systems?"
- 3) In The Netherlands about half of the children under the age of fifteen in the four greater cities are of foreign ethnic background. The urban adolescent generation is *de facto* multicultural. This has happened within twenty years! The consequences of these demographic changes have not yet been fully realized by the government, the policy makers or

the specialists – let alone the average citizen. The general population of the inner cities see and feel it, but have no cognitive categories to deal with the changes.

We can produce much quantitative data, but these should be combined with a qualitative component if we want to move towards clinical and pragmatic (testable) models of guiding and treating adolescents who are not able to go through the transition to adulthood on their own. This stagnation can occur on different levels of their transition: biological, psychological, sexual, emotional, occupational, and can pertain to family ties, school, sports and peer-grouping. All these levels have an intra- and interpersonal dialectic.

“QUALITIFYING” DEMOGRAPHIC CHANGES

Jane Ferguson (1993) pinpoints among others the following issues in 21st century adolescent health care: unmarried teenage pregnancy, divorce, and unemployment. She states that unmarried pregnancy is increasing rapidly. Between 1970 and 1985 unmarried pregnancy increased from 26 to 33% (Argentina), from 20 to 32% (Chile), from 10 to 21% (USA), from 6 to 16% (Denmark). Unmarried pregnancy increases “risks of mortality from eclampsia, obstructed labor, haemorrhage or infection...and the dependency of the young mother on a still adolescent and economically weak father. Divorce is on the rise and single-headed households with it ... with more than 20% of the households in Africa, developed nations and North and Latin America headed by women”. On unemployment, she writes: “The employment problem in developing countries is largely a youth employment problem; typically, some 70% or more of the unemployed are young people seeking their first jobs.”¹¹ In Europe we know a little about what unemployment does to adolescents, especially males. Male adolescents have internalized that without work you are nothing, and have no future. If you have no or only a gloomy picture of your future, whether as a local or a migrant adolescent, then apathy, frustration, vandalism, addiction, criminality and violence are around the corner. *The Final Countdown* was a top hit of the group “Europe” a few years ago that pictured the apocalypse in Europe. This is the picture of the future with which a number of the young men in my research project have identified.

Are we, workers with adolescents, just reacting *ad hoc* to recent changes in adolescent behavior or do we really have a perspective for the next ten or twenty years? Are the victims we, the practitioners, treat after car and motor accidents, for substance and sexual abuse, for bullying in school classes, for criminal violence, offending and victimized, *incidents* or can we see these cases as the result of a “left alone” generation?

These questions from our daily practice can no longer be separated, if they ever could, from regional, national and global changes and developments. In the global changes we Europeans have a specific place. Our “rather monocultural” societies have changed in the last 50 years and are still changing (quite unexpectedly) into multicultural societies at an unprecedented pace. Our first and most important aim in meetings of adolescent health specialists should be to focus on the consequences of these massive changes. Contemporary adolescent groups are plunged into this new world without being prepared. We, the parents, teachers, doctors, therapists, mentors, counsellors, social workers, pastors and policymakers have barely tested, reflected on, and confirmed experience of this new world, let alone preparing fitting health care and education programs.

One could object that this is too much for an individual practitioner to deal with. Yes, it is indeed! This should be a combined task for teams, for different disciplines and for policymakers, researchers, preventive and clinical workers together. Researchers should listen to practitioners in order to know what questions to ask, and in what directions to search; practitioners, on their side, should reflect more on their actions. But, for better interdisciplinary cooperation, we need a better, more integrated perspective upon the conditions that constitute health problems. More, or even better research is not enough. We know most of the facts from which to create an overall view on adolescent health. All kinds of mechanisms, like absence of interdisciplinary cooperation and power games, which *have no connection with the adolescents themselves*, are the cause of the lack of such overall views.¹² From existing (Western self-reflective) historical and cross-cultural material and theories it is possible to build future-directed paradigms in which the adolescent's life and the practitioner's, the researcher's and the policymaker's interests are embedded.

DIFFUSION AND ETHNICITY ARE INTRINSIC TO HUMAN HISTORY

Adolescent care is changing and will keep on changing in the next century. The core question is *how* it will change. If we knew, we could adjust our planning of prevention and care, our professional education and our policies. At the turn of the coming century a number of publications are devoted to "the state of the art" of the field and discipline.¹³

If there is, as some authors in these publications claim, a historically unique situation in the adolescent health field, what are then the core features of this situation?

How to start with such an overview? As a member of the anthropological tribe, I can only speak my own language, which is *cross-cultural*. This means that the anthropological discipline can claim validity on over-viewing from the comparative method¹⁴.

From a policymaker's eyes the demographic changes, globally and nationally, form a priority. Concerning the content of adolescent health care, this is a more complex matter, because the content changes with the changing habits and values of the adolescent population in every town, region and nation, and the changes of these populations are directly linked with international changes, e.g., in pop culture. On a macro level diffusion (international and intercultural interchange of patterns and values) is a central process.

It sounds banal, but our world really has become very small in certain aspects, and this is especially the case in the adolescent life. Role models are not only the elder brother/sister, the older guy/gal from next door, or your father/mother, but also Prince, Madonna, The Prince of Bel Air, Kate Bush, Paul Simon and all the new heroes. New styles of music, lyrics, singing, dancing and clothes are imitated on a national and global scale within weeks and even days through MTV, compact discs, audiocassettes and magazines. So are health damaging patterns and habits. The global emergence of the HIV virus has made this very clear and prevention programs are developed on a global scale.

An intrinsic counterpart of globalization of culture-specific patterns seems to be disappearing out of our awareness: *ethnicity*. We, humans, have always lent and borrowed patterns from each other, individually and collectively. But in order to borrow and lend from others there have to be differences. Differences are created by ethnicity. It is an implicit truth in

cultural anthropology that without diffusion (which is the anthropological concept for this cultural lending and borrowing) we would not be the humanity we are now.¹⁵

Diffusion is the core process in which we are all, willy nilly, globally involved. Diffusion is intercultural by definition. Modern diffusion is permeating literally every aspect of human life.

The disintegration of the Soviet Union since 1989 has pushed the forgotten, or rather displaced, phenomenon of *ethnicity* in relation to nationality painfully into the limelight.¹⁶

The existence, superiority and implications of modern nation-states is self-evident and undisputed.¹⁷ They obtained their contemporary form and structure in Europe over the last six hundred years.¹⁸ Along with them we have developed a belief-system that aboriginal European regional ethnic identities (Basques, Occitans, Samens, Serbs, Frisians, Welsh, etc.) would vanish and merge with nationality. As the last five years have sadly shown this belief to be wrong, we have to learn to live with the new reality in which ethnicity is here to stay, next to nationality.¹⁹ Such beliefs about the absorption of aboriginal ethnic groups into modern nation-states seem to be stronger than simple observations and scientifically validated insights. If we read the anthropologists Boas, Mauss and Levi Strauss, *ethnicity* emerges as the only possible form in which humans as individuals and as groups can exist²⁰. Ethnicity can be described as the "human mold" and if we, as nationalists, erase ethnicity, then humanity disappears²¹. Without it we cannot become and stay humans. We cannot survive without a specific and unique identity, collectively as well as individually. So nationality can be seen as a special and young form of ethnicity.

The anthropologist Claude Levi-Strauss has tried to conceptualize this complex insight into the functioning of ethnicity, and restudied thoroughly Franz Boas' earlier work. In his studies on "The Savage Mind" and "Totemism" (1962), the "why" of ethnicity is formulated by Roger Poole in his foreword in the Penguin edition of "Totemism":

"The final and ultimate question remains: why do men go to such lengths to classify out the universe? What leads them to organize their codes in this excessively subtle way? The answer which seems to emerge from La pensée sauvage is that totemic classifications seem to be there to divide men up from each other, these classifications are like what we call 'nationalism'. We call each nation by a semi-contending nickname, which very often has to do with some animal or plant associated with that nation. Likewise, we might remember the example Durkheim gives of the soldier who dies for a

flag. In the same way, the so-called primitive divides himself off from his fellow man. 'The differences between animals, which man can extract from nature and transfer to culture...are adopted as emblems by groups of men in order to do away with their own resemblances' (p. 107). Man does not want to imply recognition of 'a common nature' with other men (p. 108). Totemic symbols are borrowed from nature by men 'to create differences amongst themselves' (p. 108). If this is so, then it is a sad reflection with which to end a study of a mentality we hoped was primitive. Because this mentality is, in the last analysis, only our own.²²

STATE OF THE ART IN ADOLESCENT HEALTH CARE

In many countries adolescent health care is weakly developed or fragmented into several disciplines and agencies. This hinders the development of an interdisciplinary and more integrated adolescent health care. The emergence of an underclass in many societies all over the world this century was followed by massive migrations during the last five decades. This created a rapid multiculturalization of many Western, mostly European societies which is blending with the original underclass in these societies. The nineties are times of new experiments and innovations in which especially North America and Europe should learn from each other to avoid "reinventing the wheel" in their processes of multiculturalization.

Globalization of mental health care, decrease of the number of adolescents in Western societies and increase of the number of adolescents in most non-Western societies make an intercultural perspective even more necessary. This is a complex and difficult process still on its way. The entering of new generations of adolescents into our European rapidly changing contemporary adult worlds is complicating the conceptualizations on health care of adolescents in praxis even more.

SIX STATEMENTS

Statement I

What seems to be needed are flexible, intercultural, more integrated and more pragmatic (directly testable for clinical use) perspectives upon adolescent health care fitted to these vast changes.²³

From a seven year anthropological fieldwork research among psychiatrically hospitalized drafted soldiers from different regions and groups of the Netherlands the author is developing such a historical, intercultural and interdisciplinary perspective.²⁴ Next to the fieldwork material, secondary data are used from the more than hundred years of studies of micro societies by cultural/social anthropologists, of sociologists and of historians.²⁵

Statement II

From this picture, created from within Western culture, an image emerges of new generations of adolescents (15-23 years) who struggle to differentiate and tear themselves loose from the twenty- and thirty-year olds who "want to dwell in the adolescent period as long as possible". This phenomenon endangers the transition of adolescents.²⁶ Adolescents, the future generation, have to create new patterns from the old ones. Ariés claims that at the turn of the twentieth century this innovative character of the adolescent world became more and more attractive to the older generations. Incorporation of new adolescent patterns by the older generations is nowadays, 100 years later, very common and undisputed. But, from my research, I claim this is endangering the integrity of adolescence. In many cases it is very hard for adolescents to develop new patterns in their dependency on the older generations and it makes them very vulnerable. The already more established mid- and late-twenty-year-olds taking over the new fresh and free symbols of the teenagers makes it even more difficult. Commercialization has discovered the innovation potential of adolescence. This also endangers the integrity of adolescence which should worry us, mental, somatic and spiritual health care professionals, deeply. Innovations of adolescents have become a commodity to create and sell new trends. The intrinsic-innovative process in adolescents to differentiate themselves from older people is hindered severely by this imperializing of adolescence. What do adolescents have to do to be different in order to find their future-directed identity, if their new behavior is incorporated, commercialized and globalized by commerce within months by the same people they want to be different from?

Statement III

At the same time adolescents find insufficient examples in the older generations of parents/teachers/mentors, due to the accelerating tempo of this century.²⁷

Statement IV

To operationalize the former statements policymakers, parents, teachers and mentors have to listen, look and learn from the adolescents, more than they have done up to now, in order to guide them and to develop adolescent health programs.²⁸ The "Youth for Youth" programs in Canada make up an excellent government policy to learn from the people you are expected to serve.

Statement V

From the author's fieldwork and from insights of cross-cultural research a growing need among male adolescents (18-23 years) to be initiated into the increasingly paradoxical adult world can be deduced.²⁹

This thesis is in accordance with the massive reservoir of recent monographic material from anthropological fieldwork on adolescent initiation as an ancient and universal feature in human societies.³⁰ When transferred to adolescents in Western societies a preliminary proposition could be that:

Statement VI

European aboriginal adolescent initiation rituals have been suppressed and fragmented with the emergence of Christianity and of Nation-States, and are only now in a slow process of reconstruction and revival.³¹ For a few years, however, many innovative adolescent health care projects have been running in the United States, Canada and several European countries that are based upon components of the traditional initiation process (Wildernis programs, Treks, Survival Hikes, Vision Quest, Outward Bound). Integrative, as contact-bound, programs are scarce³².

If we take these statements as working hypotheses, contemporary problems of adolescent somatic and psychic health, of their criminal, additional, runaway and suicidal behavior can be viewed with a more integrated and intercultural eye from concrete historical and cross-cultural

evidence. From here more adolescent life-directed health care policies and programs can be developed. The operationalized version of this perspective yielded promising results in psychiatric rehabilitation, in vocational training and in sports (volleyball, martial arts) among male adolescents.

REFERENCES AND LITERATURE

- ¹ This perspective was designed and tested methodologically in cooperation with Dr. Ronald Chavers and colleagues at the DIES Institute, Utrecht, Holland. It is formulated in a preliminary form in several research reports, e.g., a) "Adolescence and ethnicity: an interdisciplinary model in occupational therapy and vocational training", *International Journal of Adolescence and Youth*, 4, 1993. Other reports are available from the author upon request; b) "Balancing loyalties on the razor's edge: a transitory and intercultural approach to contemporary adolescent mental health", (in Dutch), Bob Dylan, 1962, p. 189, Thomas Rap Publishers, Amsterdam, 1970.
- ² My suggestion here is that the lyrics of Bob Dylan and its music are not only influenced by United States culture, but also by (among others) his German-Yiddish ancestry. This statement would raise no eyebrows if made in tribal context seen from anthropological (diffusionist) perspective. One founding father of cultural anthropology, Frank Boas, also of German-Jewish ancestry, built most of his anthropological theory upon the diffusionist perspective. A statement on the diffusion of European-Yiddish culture through the lyrics of Dylan's songs is likely to fall on barren ground and could be wiped away with an answer "so what?". But if there is some truth in it is has far reaching implications for the historical view upon European and United States history of adolescence and even more for the interdependence, the symbiosis and even a constellation of double binds between people of both groups of societies. Then, expressions of adolescents can be seen as not only a manifestation of contemporary national culture, but also as messages from the remote past.
- ³ It is a core component in the developmental history method of the Inter-cultural and Interdisciplinary Institute DIES to screen, analyze and interpret cultural patterns like songs, dances, paintings in Western

societies from the more original (ethnic) backgrounds next to the national background (see Ronald E., *Traktat einer entwickelungs-geschichtlichen Methode*, 1979, unpublished manuscript). It is no revelation that Nation State culture rooted in feudal and Roman cultural patterns has incorporated many aboriginal European regional/ethnic and migrant groups. Contemporary European societies, their political and religious groups and their citizens, have been influenced strongly and are still being influenced by these ancient regional and migrant cultures. This is a thesis that would not raise massive consent. But the implications are far reaching if the suggestion carries some validity. Among the groups with a more "aboriginal" background are: the Celts, Jews, Roma (Gypsies), Basques, Samens (Lapps), Frisians, Welsh, Scots, Bretons, Occitans, Catalonians (see also Erik Allardt, *Implications of Ethnic Revival in Modern, Industrialized Society*, in: *Commentationes Scientiarum Socialium*, Vol. 12, 1979).

⁴ This was of course not the first "Adolescent Rebellion". John Sommerville in *The Rise and Fall of Childhood*, Sage, London (1982, 180) claims a connection between youth rebellions, the industrial revolution, the tremendous increase of unskilled (child) labor and the disappearance of apprentice structures and vocational training programs in the 19th century. These structures and programs still represented a component of the vanished aboriginal and regional rooted initiation rituals. See also Eisenstadt, S.N. *Sociological Analysis and Youth Rebellion* (1971) From Generation to Generation, Free Press, New York, 1956/71.

⁵ Culture critique is a concept translated from the German "Kulturkritik" which is a European philosophical tradition reflecting upon European culture and civilization. Among others Vico, Herder, Rousseau, Marx and Freud can be cited as representatives of this tradition. Cultural self-reflection is a concept introduced by the author and is an operationalization of the insights from "Kulturkritik" tradition. As psychotherapies help people to reflect upon and to modify one's individual and familial rooted vulnerable behavior and attitudes, so cultural self-reflective models and programs help to overcome negative and blocking cultural attitudes and behavior. The concepts of reviving rituals and initiation in mental health programs are a product of cultural self-reflection.

⁶ The American psychologist G. Stanley Hall tried to write the first "complete" study on adolescence, *Adolescence, its Psychology and its Relation to Physiology, Anthropology, Sociology, Sex, Crime and Religion and Education* (2 vol.), Sidney Appleton, London, 1905.

⁷ Serrano, 1993.

⁸ The Reproductive Health of Adolescents: A Strategy for Action, A Joint WHO/UNFPA/UNICEF Statement, WHO, Geneva, 1989.

Health Conditions in the Americas: Health of Children and Adolescents, Pan American Health Organization, WHO, Washington, 1990.

⁹ Braungart D and Braungart, E., "Youth status and national development: a global assessment in the 1980s", *Journal of Youth and Adolescence*, 18, 107-130, 1988.

¹⁰ *ibid.*, WHO, 5, 1990.

¹¹ B. Jane Ferguson, "Youth at the threshold of the 21st century: the demographic situation", *Journal of Adolescent Health*, 14, 638-644, 1993.

¹² The author is a member of the board of the Dutch Association of Adolescent Care (NVVAZ). It is an association promoting and practicing interdisciplinary cooperation which was founded 12 years ago by medical practitioners who were dissatisfied with their "monopoly" among the disciplines in adolescent health care. In these kinds of initiatives much (reflected) experience is accumulated.

¹³ Pierce, C.M. "Twenty-first century orthopsychiatry: extragalactic to submolecular concerns", *American Journal of Orthopsychiatry*, 94, 364-368, 1984.

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- ISCHE XVI (16th International Standing Conference for the History of Education): Educational and Cultural Transfer, August, 1994, Amsterdam, NL (see Bekkum, 1994, Grunder, 1994).
- ¹⁴ Modern anthropology has a 100 years tradition of comparing Western culture with non-Western cultures, especially tribal societies. Anthropology has specialized and is still specializing in the essential and structural aspects of differences and similarities between all human groups. The potential of these traditions in anthropology for solving contemporary and future adolescent health problems is hardly recognized, let alone applied.
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- Claude Levi Strauss, *Structural Anthropology* (2 vols.), Penguin Books, Harmondsworth, 1963/79.
- Peter Farb, *Humankind*, Triad/Panther Books, Herts, 1978.
- ¹⁶ Hans Vermeulen and Cora Govers (eds.), *The Anthropology of Ethnicity: Beyond 'Ethnic Groups and Boundaries'*, Het Spinhuis, Amsterdam, 1994.
- ¹⁷ B. Davidson, *The Black Man's Burden: The Curse of the Nation State*, London, 1991.
- ¹⁸ Norbert Elias, *The Civilizational Process*, London, 1939/88.
- ¹⁹ The Dutch anthropologist Mart Bax gives a rather realistic picture of the drama of the ex-Yugoslavs in which the ethnic conflicts were always a part of their history: *Medjugorje: Religion, Politics and Violence in Rural Bosnia*, VU University Press, Amsterdam, 1995.
- ²⁰ They used the term "culture", which here covers the concept of ethnicity.

- ²¹ Carlos Castenada, *The Eagle's Gift*, Hodder and Stoughton, London, 1981.
- Carlos Castenada, *The Fire from Within*, Black Swan, London, 1984.
- ²² Claude Levi-Strauss, *Totemism* (with an introduction by Roger Poole), Penguin, Harmondsworth, 1962; p. 62.
- ²³ In my practitioner/fieldwork experience (1983-1990) I learned at the DIES Institute to use a pragmatic paradigm. Pragmatic is used here as developed by Charles Peirce and applied by William James, John Dewey and many others. See Philip Wiener, *Pragmatism*, p. 551, in: *Dictionary of the History of Ideas, Studies of Pivotal Ideas*, Philip Wiener (ed.), Vol. III, 551-570, Charles Scribner's Sons, New York, 1973:
- "Common to this substantial core of pragmatism is an opposition to the absolute separation of thought from action, of pure from applied science, of intuition or revelation from experience or experimental verification, of private interests from public concern - concrete applications of older philosophical problems concerning the relation of universals to particulars. It will also be evident that each alleged historical example of pragmatism shows a wide variety of individual ways of resolving these problems, especially when we include the outer fringe of those calling their very personal effusions 'pragmatic'."
- See also: *Philosophical Writings of Peirce*, Justus Buchler (ed.), Dover Books, 1940/55.
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